## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHFR030080 US

| As a below named inventor, I he                                                                                                                                                                                                                                                                                                                                                     | As a below named inventor, I hereby declare that: |                     |                             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------|-----------------------------|--|--|
| My residence, post office address and citizenship are as stated next to my name.                                                                                                                                                                                                                                                                                                    |                                                   |                     |                             |  |  |
| My residence, post office addre                                                                                                                                                                                                                                                                                                                                                     | ss and citizenship are as state                   | ed next to my name. |                             |  |  |
| believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if olural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Multi-layer information carrier with switching circuit the specification of which (check only one item below): |                                                   |                     |                             |  |  |
| is attached hereto.                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                     |                             |  |  |
| was filed as United States a                                                                                                                                                                                                                                                                                                                                                        | pplication                                        |                     |                             |  |  |
| Serial No                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                     |                             |  |  |
| on                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                     |                             |  |  |
| and was amended                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                     |                             |  |  |
| on                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                     |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                     |                             |  |  |
| was filed as PCT internation                                                                                                                                                                                                                                                                                                                                                        | al application                                    |                     |                             |  |  |
| Number PCT/IB2004/0                                                                                                                                                                                                                                                                                                                                                                 | 02321                                             |                     |                             |  |  |
| on <u>08 JULY 2004</u>                                                                                                                                                                                                                                                                                                                                                              |                                                   |                     |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                     |                             |  |  |
| and was amended under PCT Article 19                                                                                                                                                                                                                                                                                                                                                |                                                   |                     |                             |  |  |
| on                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                     | (if applicable).            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                     |                             |  |  |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.                                                                                                                                                                                                         |                                                   |                     |                             |  |  |
| I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).                                                                                                                                                                                                        |                                                   |                     |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                     |                             |  |  |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United                                                                                                                             |                                                   |                     |                             |  |  |
| States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or                                                                                                                                                                                                                                                         |                                                   |                     |                             |  |  |
| any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:                                                                                                                                           |                                                   |                     |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                     |                             |  |  |
| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:                                                                                                                                                                                                                                                                                                       |                                                   |                     |                             |  |  |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                             | APPLICATION NUMBER                                | DATE OF FILING      | PRIORITY                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                   | DAY, MONTH, YEAR    | CLAIMED UNDER<br>35 USC 119 |  |  |
| EUROPE                                                                                                                                                                                                                                                                                                                                                                              | 03300068.8                                        | 18 JULY 2003        | YES                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                     |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                     |                             |  |  |
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| (includ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number phfR030080 US |                                                |                                          |                                                                    |                                | PHFR030080 US                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|--------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------|--|
| POWI<br>transa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ER OF ATTORNE ct all business in the                                                                                | Y: As a named inventor<br>Patent and Trademark | , I hereby appoint<br>Office connected t | the following attorney(s) and/o<br>therewith. (List name and regis | r agent(s) to potration number | rosecute this application and                                       |  |
| Jack E. Haken, Reg. No. 26,902<br>Michael E. Marion, Reg. No. 32, 266<br>Edward M. Blocker, Reg. No. 30,245                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                | · (na                                    |                                                                    | (name and te                   | ect Telephone Calls to:<br>ame and telephone number)<br>14)332-0222 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FULL NAME OF INVENTOR                                                                                               | FAMILY NAME<br>KAHLMAN                         |                                          | FIRST GIVEN NAME  Josephus                                         |                                | SECOND GIVEN NAME Arnoldus Henricus                                 |  |
| 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RESIDENCE & CITIZENSHIP                                                                                             | CITY<br>Eindhoven                              |                                          |                                                                    |                                | COUNTRY OF CITIZENSHIP The Netherlands                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POST OFFICE<br>ADDRESS                                                                                              | POST OFFICE ADDRE                              | ESS                                      | CITY<br>5656 AA Eindhoven                                          |                                | STATE & ZIP CODE/COUNTRY The Netherlands                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FULL NAME OF INVENTOR                                                                                               | FAMILY NAME Van der MARK                       |                                          | FIRST GIVEN NAME Martinus                                          |                                | SECOND GIVEN NAME Bernardus                                         |  |
| 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RESIDENCE &<br>CITIZENSHIP                                                                                          | CITY<br>Eindhoven                              |                                          | STATE OR FOREIGN COUNTRY The Netherlands                           |                                | COUNTRY OF CITIZENSHIP The Netherlands                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POST OFFICE<br>ADDRESS                                                                                              | POST OFFICE ADDRI<br>Prof. Holstlaan 6         | ESS                                      | SS CITY<br>5656 AA Eindhoven                                       |                                | STATE & ZIP CODE/COUNTRY The Netherlands                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FULL NAME OF INVENTOR                                                                                               | FAMILY NAME MEINDERS                           |                                          | FIRST GIVEN NAME Erwin                                             |                                | SECOND GIVEN NAME Rinaldo                                           |  |
| 203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RESIDENCE &<br>CITIZENSHIP                                                                                          | CITY<br>Eindhoven                              |                                          | STATE OR FOREIGN COUNTRY  The Netherlands                          |                                | COUNTRY OF CITIZENSHIP The Netherlands                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POST OFFICE<br>ADDRESS                                                                                              | POST OFFICE ADDRE                              | ESS                                      |                                                                    |                                | STATE & ZIP CODE/COUNTRY The Netherlands                            |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. |                                                                                                                     |                                                |                                          |                                                                    |                                |                                                                     |  |
| SIGNATURE OF INVENTOR 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                |                                          |                                                                    | SIGNATURE OF INVENTOR 203      |                                                                     |  |
| J. Kahlman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     | MBround Marl                                   |                                          |                                                                    |                                |                                                                     |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                | DATE                                     | DATE                                                               |                                | DATE                                                                |  |
| 14 October 2005 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                | 14 Oct                                   | 14 October 2005                                                    |                                |                                                                     |  |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications) ATTORNEY'S DOCKET NUMBER PHFR030080 US

| As a below named inventor, I hereby declare that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                    |                                         |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|-----------------------------------------|--|--|
| My residence, post office address and citizenship are as stated next to my name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                    |                                         |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Multi-layer information carrier with switching circuit the specification of which (check only one item below):                                                                                                                                                                                                                                         |                    |                                    |                                         |  |  |
| is attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                    |                                         |  |  |
| was filed as United States a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pplication         |                                    |                                         |  |  |
| Serial No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                    |                                         |  |  |
| on —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                    |                                         |  |  |
| and was amended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                    |                                         |  |  |
| on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                    |                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                    |                                         |  |  |
| ☑ was filed as PCT internation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | al application     |                                    |                                         |  |  |
| Number <u>PCT/IB2004/C</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 02321              |                                    |                                         |  |  |
| on08 JULY 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                    |                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                    |                                         |  |  |
| and was amended under PCT Article 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                    |                                         |  |  |
| on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                    | (if applicable).                        |  |  |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                    |                                         |  |  |
| I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                    |                                         |  |  |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: |                    |                                    |                                         |  |  |
| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                    |                                         |  |  |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | APPLICATION NUMBER | DATE OF FILING<br>DAY, MONTH, YEAR | PRIORITY<br>CLAIMED UNDER<br>35 USC 119 |  |  |
| EUROPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 03300068.8         | 18 JULY 2003                       | YES                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                    |                                         |  |  |
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| (includes Reference to PCT International Applications)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| ael E. Marion, Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | g. No. 32, 266                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                        | Direct Telephone Calls to:<br>name and telephone number)<br>914)332-0222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| FULL NAME OF INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAMILY NAME  KAHLMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| RESIDENCE &<br>CITIZENSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY<br>Eindhoven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| POST OFFICE<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POST OFFICE ADDRI<br>Prof. Holstlaan 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| FULL NAME OF INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAMILY NAME Van der MARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| RESIDENCE &<br>CITIZENSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY<br>Eindhoven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| POST OFFICE<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POST OFFICE ADDRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| FULL NAME OF INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAMILY NAME MEINDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                             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| RESIDENCE & CITIZENSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY<br>Eindhoven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             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| POST OFFICE<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POST OFFICE ADDRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| SIGNATURE OF INVENTOR 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | les Reference to PC ER OF ATTORNE ct all business in the E. Haken, Reg. No ael E. Marion, Re rd M. Blocker, Re rd M. Blocker, Re FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP  POST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP  POST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP  POST OFFICE ADDRESS  FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP  POST OFFICE ADDRESS  Dy declare that all starue: and further that rue: and further that | les Reference to PCT International Application ER OF ATTORNEY: As a named inventor ct all business in the Patent and Trademark of E. Haken, Reg. No. 26,902 ael E. Marion, Reg. No. 32, 266 rd M. Blocker, Reg. No. 30,245  FULL NAME OF INVENTOR KAHLMAN  RESIDENCE & CITY Eindhoven  POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR Van der MARK  CITIZENSHIP Eindhoven  POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR POST OFFICE ADDRESS Prof. Holstlaan 6 | les Reference to PCT International Applications)  ER OF ATTORNEY: As a named inventor, I hereby appoint ct all business in the Patent and Trademark Office connected of the post of the po | les Reference to PCT International Applications)  ER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/oct all business in the Patent and Trademark Office connected therewith. (List name and regis and in the Patent and Trademark Office connected therewith. (List name and regis and its a | tes Reference to PCT International Applications)  ER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to protect all business in the Patent and Trademark Office connected therewith. (List name and registration number)  E. Haken, Reg. No. 26,902  ael E. Marion, Reg. No. 32, 266  rd M. Blocker, Reg. No. 30,245  FULL NAME OF INVENTOR  FAMILY NAME KAHLMAN  RESIDENCE & CITY STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR  RESIDENCE & CITY STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR  RESIDENCE & CITY STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR  RESIDENCE & CITY STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR  RESIDENCE & CITY STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR  POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR  POST OFFICE ADDRESS Prof. Holstlaan 6  FULL NAME OF INVENTOR  RESIDENCE & CITY STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR  RESIDENCE & CITY STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR  RESIDENCE & CITY STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY The Netherlands  FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY THE Netherlands  FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY THE Netherlands  FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY THE Netherlands  FULL NAME OF INVENTOR 201  FOR THE NAME STATE OR FOREIGN COUNTRY THE Netherlands  FULL NAME OF INVENTOR 201  FOR THE NAME STATE OR FOREIGN COUNTRY THE Netherlands  FULL NAME OF INVENTOR 201  F |  |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

PTO/SE/80 (11-04)

Approved for use through 11/30/2005, OMB 0651-0035

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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all prev 37 CFR 3.73(b).                                                                                                                | rious powers of attorney                                                                                       | given in the applic                             | ation identified                      | in the attached st                                 | atement under                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------|----------------------------------------------------|---------------------------------|--|
| I hereby appoint:                                                                                                                                       |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
|                                                                                                                                                         | ed with the Customer Number:                                                                                   | 247                                             | 37                                    |                                                    |                                 |  |
| OR                                                                                                                                                      |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
| Practitioner(s) named t                                                                                                                                 | below (if more than ten patent                                                                                 | practitioners are to be                         | named, then a cu                      | stomer number must be                              | used):                          |  |
|                                                                                                                                                         | Name                                                                                                           | Registration<br>Number                          |                                       | Name Regist                                        |                                 |  |
|                                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                          | Number 1                                        |                                       | <del></del>                                        | Number                          |  |
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|                                                                                                                                                         |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
| as attorney(s) or agent(s) to re<br>any and all patent applications<br>attached to this form in accord                                                  | epresent the undersigned before sassigned only to the undersigned only to the undersigned with 37 CFR 3.73(b). | ore the United States Pagned according to the L | atent and Tradem<br>JSPTO assignme    | ark Office (USPTO) in one of records or assignment | connection with<br>nt documents |  |
| Please change the correspond                                                                                                                            | dence address for the applicat                                                                                 | tion identified in the atta                     | ched statement L                      | under 37 CFR 3.73(b) to                            | ):                              |  |
|                                                                                                                                                         |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
|                                                                                                                                                         | ated with Customer Number:                                                                                     | 2473                                            | 7                                     |                                                    |                                 |  |
| OR Firm or                                                                                                                                              |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
| Individual Name Address                                                                                                                                 |                                                                                                                |                                                 |                                       | •                                                  |                                 |  |
| Addiess                                                                                                                                                 |                                                                                                                |                                                 |                                       |                                                    | ŀ                               |  |
| City                                                                                                                                                    | State Zip                                                                                                      |                                                 |                                       |                                                    |                                 |  |
| Country                                                                                                                                                 |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
| Telephone                                                                                                                                               |                                                                                                                |                                                 | Fax                                   |                                                    |                                 |  |
| <u> </u>                                                                                                                                                |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
| Assignee Name and Address:                                                                                                                              |                                                                                                                |                                                 |                                       |                                                    | _                               |  |
|                                                                                                                                                         |                                                                                                                |                                                 |                                       | TRONICS N.V                                        | •                               |  |
| Groenewoudseweg 1                                                                                                                                       |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
| 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
| A copy of this form, toge filed in each application i                                                                                                   | ther with a statement und<br>in which this form is used                                                        | ier 37 CFR 3.73(b) (<br>i. The statement w      | Form PTO/SB/                          | 96 or equivalent) is                               | required to be                  |  |
| me practitioners appoint                                                                                                                                | ed in this form if the appo                                                                                    | ointed practitioner i                           | s authorized to                       | o act on behalf of th                              | e assignee,                     |  |
| and must identify the app                                                                                                                               | plication in which this Po                                                                                     |                                                 |                                       |                                                    |                                 |  |
| SIGNATURE of Assignee of Record  The dividual whose signed are and title is supplied below is authorized to act on behalf of the assignee               |                                                                                                                |                                                 |                                       |                                                    |                                 |  |
| Signature                                                                                                                                               | Karto. Hi                                                                                                      | un                                              |                                       | Date 14 Janu                                       | ary 2005                        |  |
| Name Michael                                                                                                                                            | E. Marion                                                                                                      |                                                 | · · · · · · · · · · · · · · · · · · · | Telephone (914)                                    | 333-9637                        |  |
| Title Authoriz                                                                                                                                          | ed Representat                                                                                                 | ive                                             |                                       | <del></del>                                        |                                 |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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| STATEMENT UNDER 37 CFR 3.73(b)                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Applicant/Patent Owner: Koninklijke Philips Electronics N.V.                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| Entitled: MULTI-LAYER INFORMATION CARRIER WITH SWITCHING CIRCUIT                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Koninklijke Philips Electronics N.V. , a <u>corporation</u> (Name of Assignee) , a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)                                                                                                                                                                  |  |  |  |  |  |
| states that it is:  1.                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| 2. an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is ——————————————————————————————————                                                                                                                                                                                                  |  |  |  |  |  |
| A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.                                                                                                                             |  |  |  |  |  |
| OR                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:                                                                                                                                                                                                                       |  |  |  |  |  |
| From:  The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.                                                                                                                                                                                                                     |  |  |  |  |  |
| 2. From:                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
| The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.                                                                                                                                                                                                                            |  |  |  |  |  |
| From: To: To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.                                                                                                                                                                                                              |  |  |  |  |  |
| [ ] Additional documents in the chain of title are listed on a supplemental sheet.                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| [ ] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy ( <i>i.e.</i> , the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] |  |  |  |  |  |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Date / Typed or printed name                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| (914) 333-9643 Q. dilenchuse, Reg. 40, 332                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| Telephone number Signature                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| Corporate Counsel<br>Title                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |

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